

Name
in
Full

R. J. Anderson

X

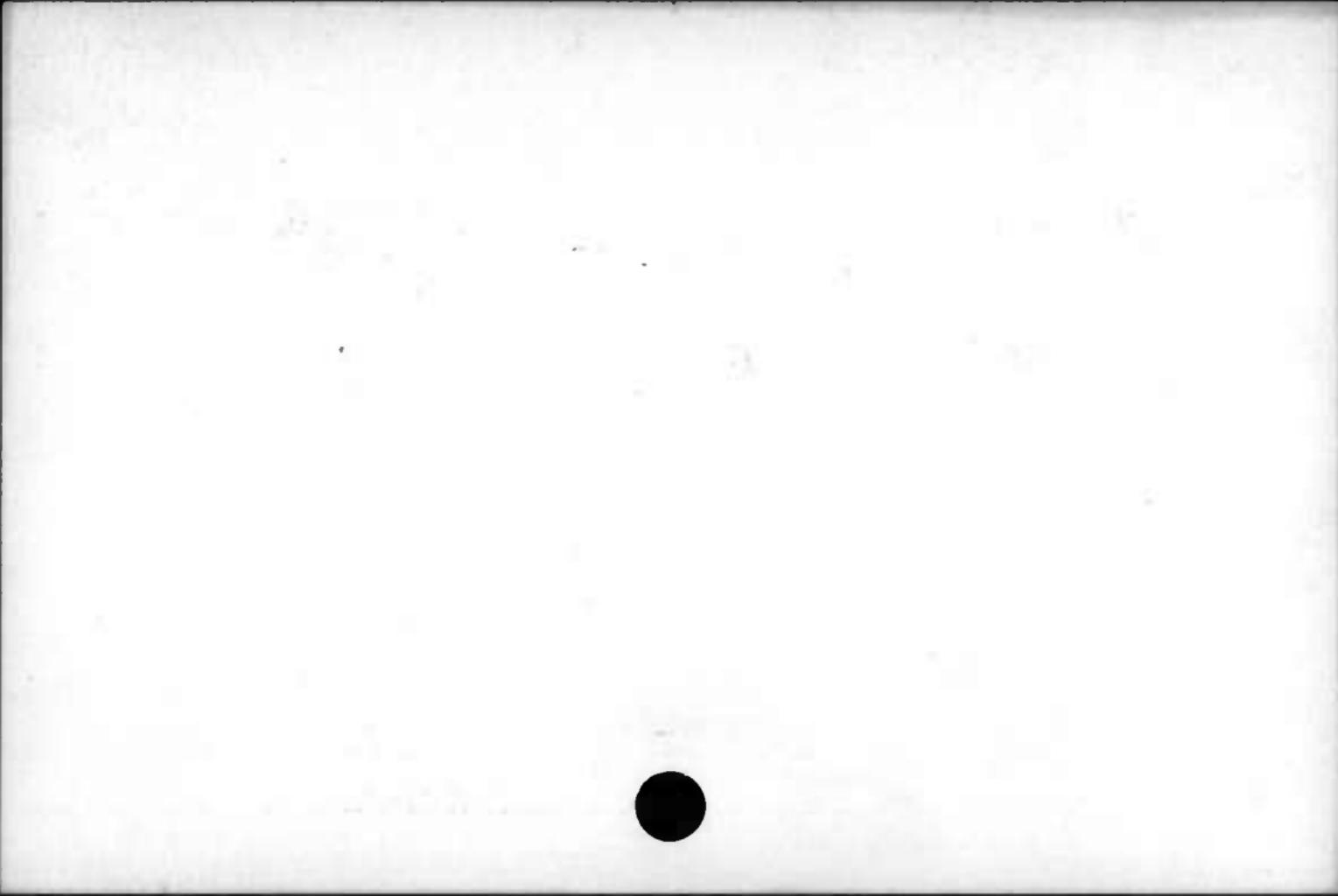
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Oakland	County	MARYLAND	
Date of death 1903	Month	April	Day	Age	Years 55
Sex	Color or Race	white	Birth-place	Scotland	
Married, Single or Widowed	Occupation	Married Cone dealer			
Name of Wife or Husband	Mrs Anderson				
Father's Name	/				
Mother's Maiden Name	/				
Name of person giving information	95				
How related to deceased /					

CAUSES OF DEATH

Primary	Pulmonary Embolism		How long	One day
Immediate	Heart - Clot -		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Henry W. H. O'Quares	
		Address	Oakland, Md	
Accident or Suicide?			X	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sidney Banks

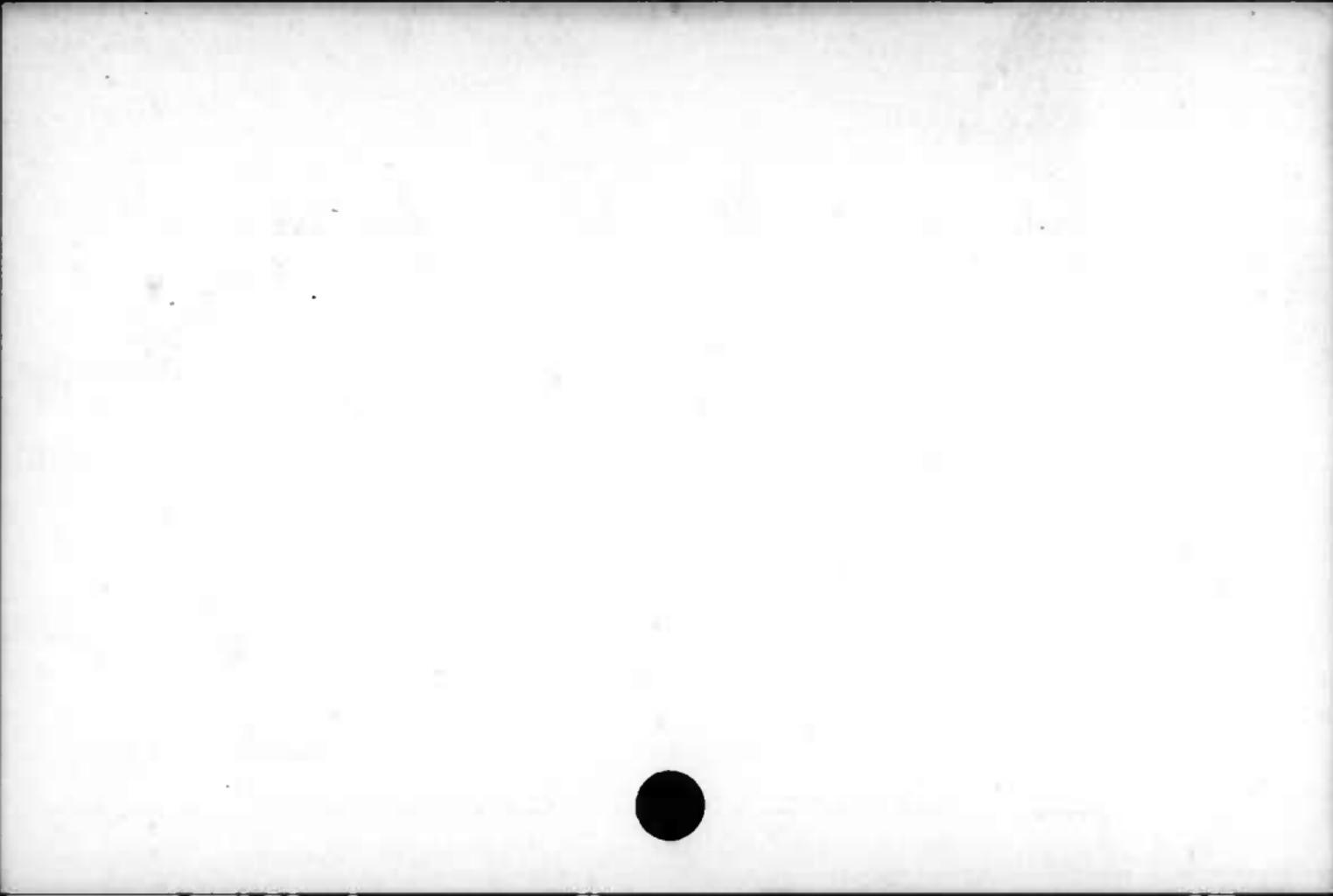
CERTIFICATE OF DEATH

MARYLAND

Died at <u>Oakland</u> Town		County <u>Hanover</u>				
Date of death 190	Month <u>3 Apr</u>	Day <u>22</u>	Age <u>24</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Occupation <u>Single</u>		Birth-place <u>Oakland</u>		
Married, Single or Widowed <u>Single</u>						
Name of Wife or Husband						
Father's Name <u>Baker Banks</u>					Father's Birthplace <u>va</u>	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving Information <u>114</u>					How related to deceased	

CAUSES OF DEATH

Primary <u>Acute yellow Atrophy of liver (?)</u>	How long <u>Several weeks</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. E. Legge</u>
	Address <u>Oakland</u>
Accident or Suicide?	



Name
in
Full

Rosy George

X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Place Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Year	Months	Days	2
Sex Female	Color or Race	white	Birth- place	accident	
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Edd George			Father's Birthplace	accident
Mother's Maiden Name	Marry nile			Mother's Birthplace	Mineral Md
Name of person giving Information	Susan Englehart			How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Laryngitis	88	How long
Immediate	"		How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

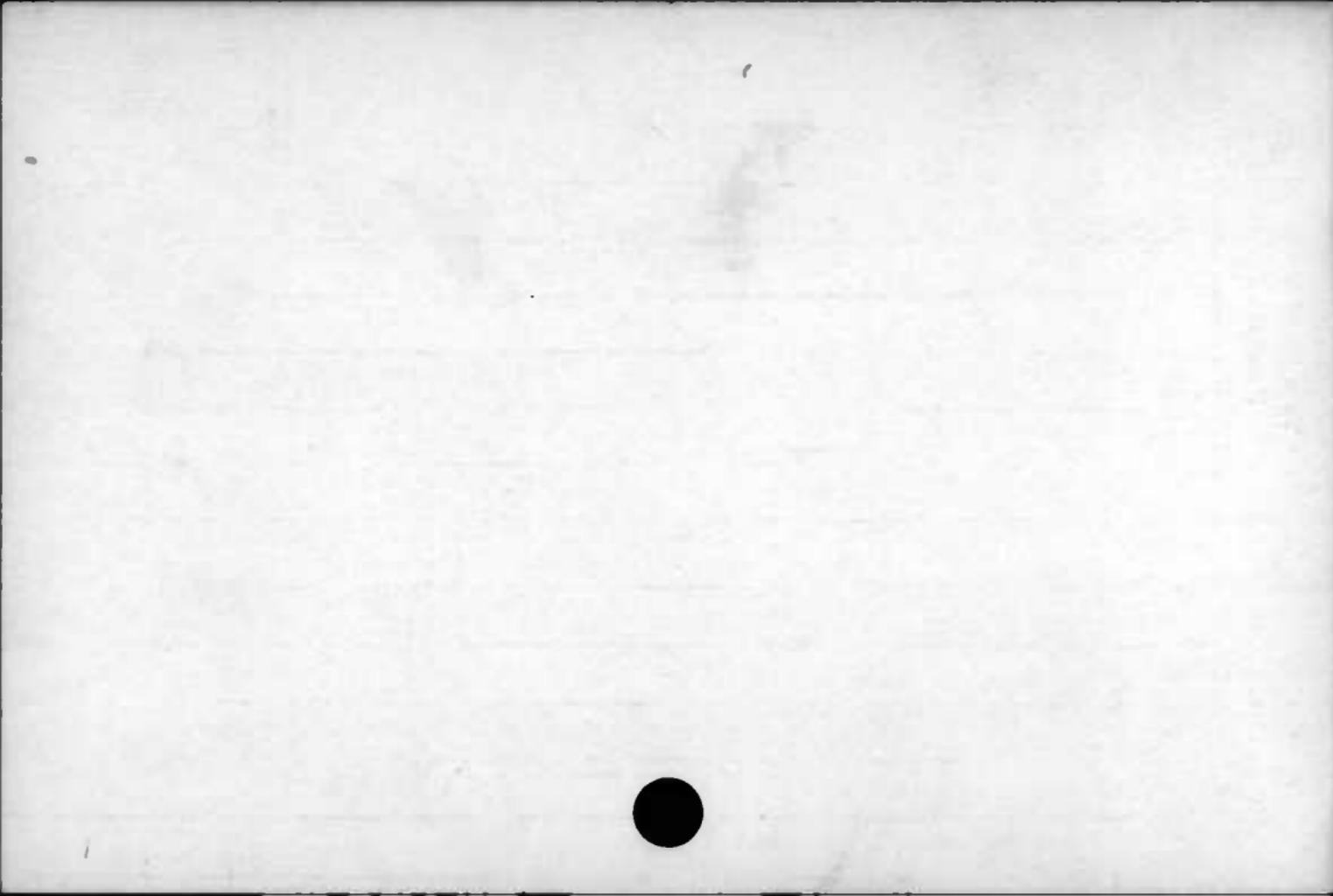
yes

Signature of
Physician

Address

R A Ramseyer
accident
Md

Accident or Suicide?



Samuel Hattoc X

Town

County

Died at

Lonaconing

MARYLAND

Month

Day

M.

D.

Native of

Date

1903

April 11

Age

9

Ma

Occupation

Male

White

Married

Widow

Divorced

Female

Caledon

Single

Widower

Number of children living

Husband

of

Baby Father

Wife

Father's

Name

Samuel Hattoc

Mother's

Name

Dorisie McCaugh

Cause of

Primary

Sore Throat

How long sick

1 week

Death

immediate

—

Accident, Suicide, Homicide

Reported by

J W Fratton

101

Address

Lonaconing

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Hattas

X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Age 3	Years	Months	Days
Sex boy	Color or Race white	Occupation	Birth-place	Frederick	
Married, Single or Widowed	Single				
Name of Wife or Husband					
Father's Name	Samuel Hattas		Father's Birthplace	—	
Mother's Maiden Name	Stella Hattas		Mother's Birthplace	—	
Name of person giving Information	J W Frithers		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Harmlessous Conv

How long

auto

Immediate

—

1

Are the name, age, sex, color, date and place correctly given above?

Yes

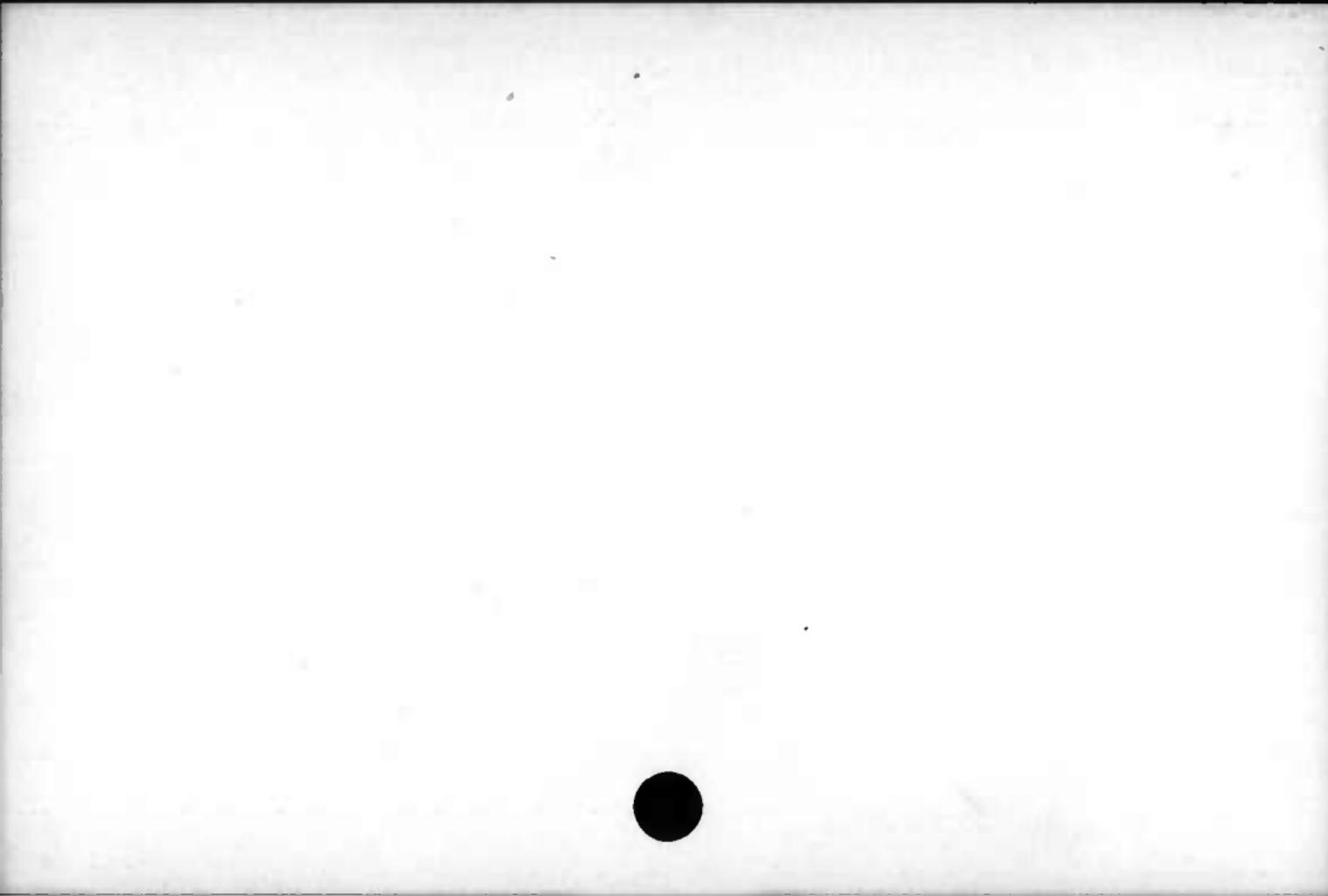
Signature of Physician

Address

Dr Frithers

Garrison

Accident or Suicide?



Name
in
Full

Sage B. Lanesdale ~~X~~

CERTIFICATE OF DEATH

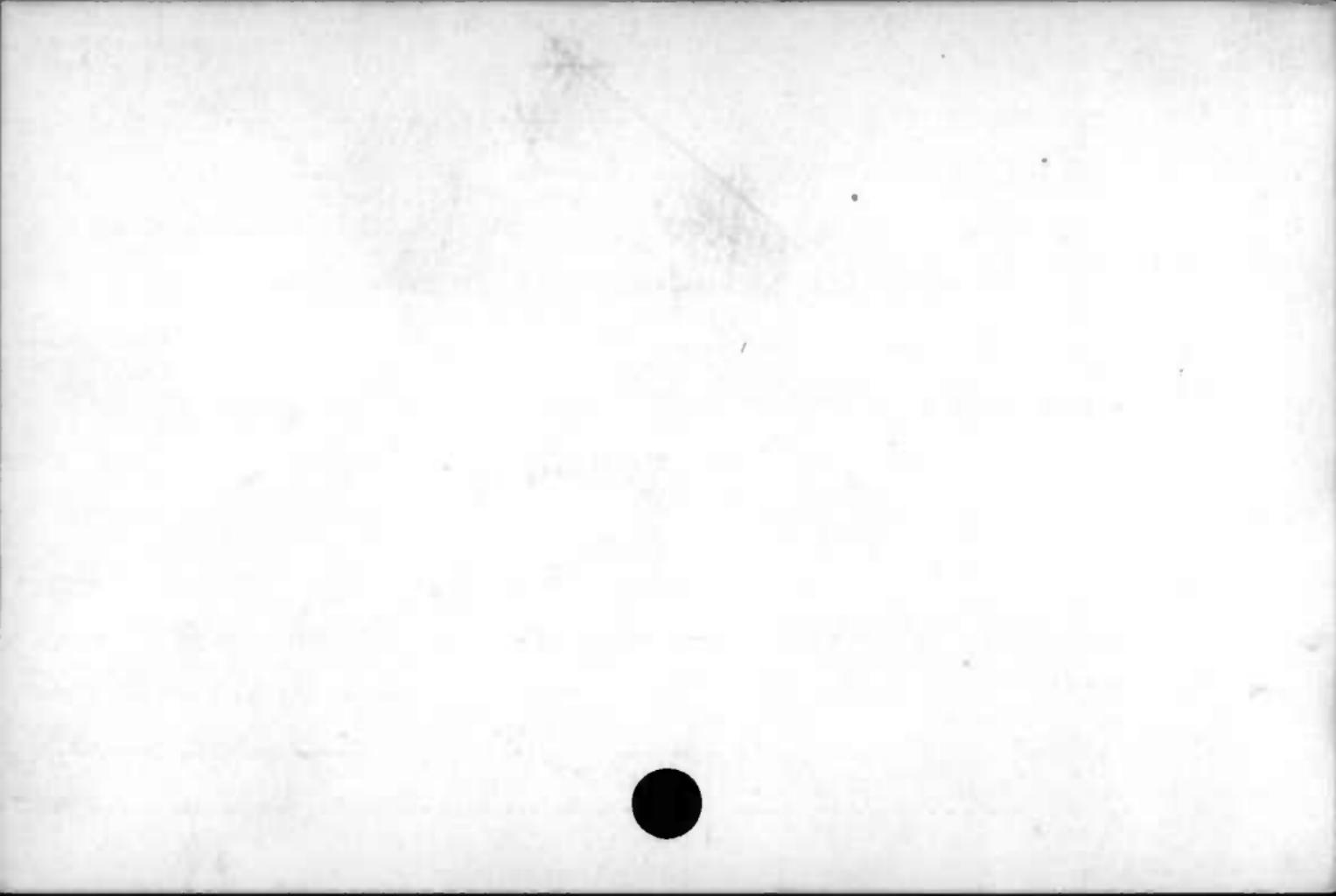
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 11	Years 83.	Months 7.	Days
Sex Male	Color or Race white	Birth-place Maryland			
Married, Single or Widowed Widowed	Occupation Retired				
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Stroke at 210 Avenue 166	How long
Immediate	Convulsion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide? Accident		



Name
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To BE ANSWERED BY
NEAREST FRIEND

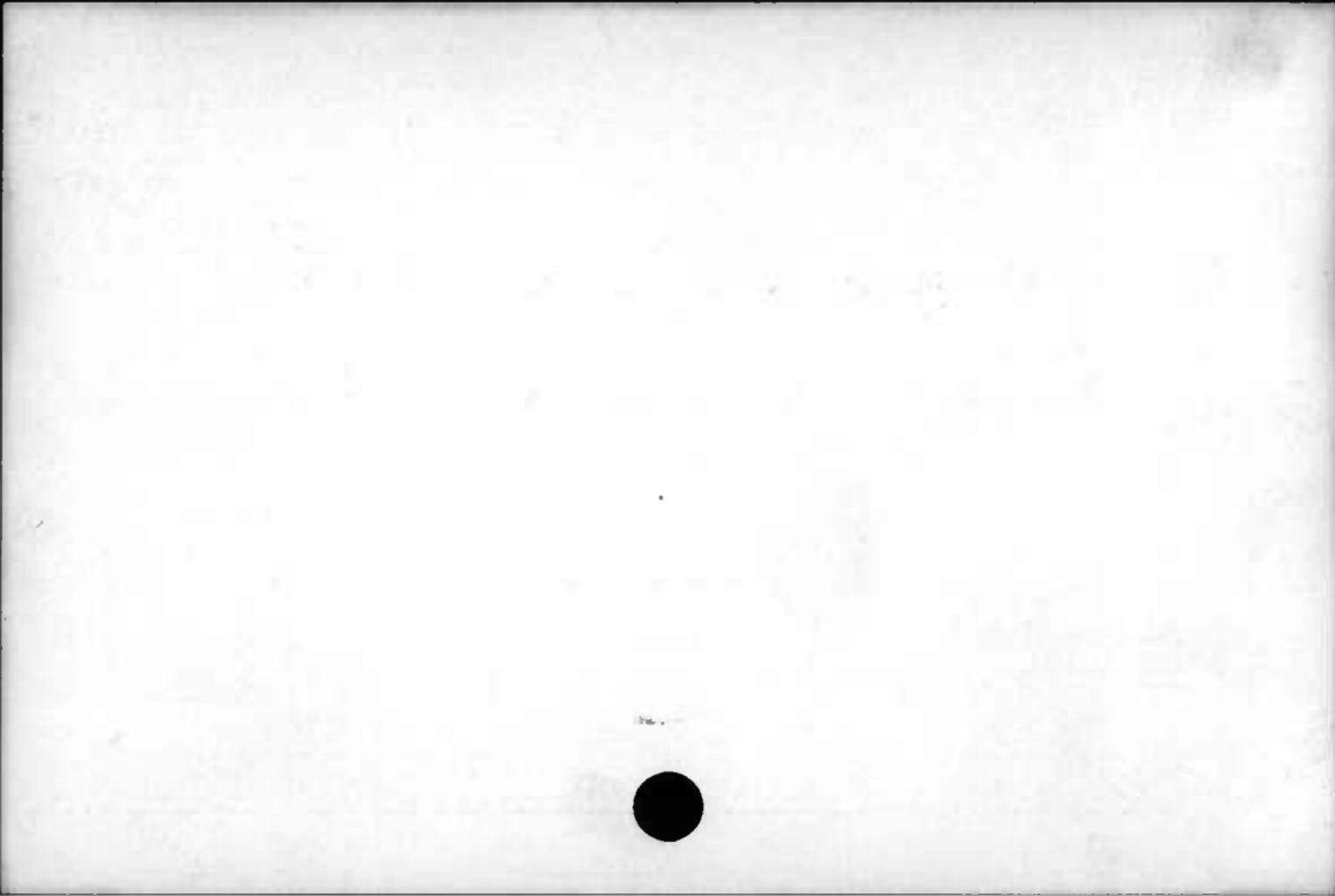
Genevieve Lee X

CERTIFICATE OF DEATH

Died at <u>Mt. Lake Rose</u>		Town <u>Garrison</u>		County <u>Garrison</u>		MARYLAND	
Date of death 1903	Month April	Day 24	Years 25	Age 25	Months	Days	
Sex Female	Color or Race white			Birth-place <u>Ind</u>			
Married, Single or Widowed <u>Married</u>			Occupation <u>Housewife</u>				
Name of Wife or Husband <u>Lee</u>							
Father's Name <u>John Whorrel</u>			Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>Kessner</u>			Mother's Birthplace <u>—</u>				
Name of person giving Information			How related to deceased				

CAUSES OF DEATH

Primary	<u>Cancer of Uterus</u>	<u>42</u>	How long <u>don't know</u>
	<u>Exhaustion</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>M.C. Heinebaugh</u>	
		Address <u>Darlaud</u>	
Accident or Suicide?		<u>Md</u>	



Homer C. Smouse

Town

County

Died at

Oakland

MARYLAND

Date 1903

Month

Day

Y. M.

D.

Native of

Occupation

Male

White

Age

43

Female

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

2

Husband of

Wife

Susan McCrobie

Mother's

Father's Name

Edward Smouse

Maiden Name

How long sick

5-

Cause of

Primary

Pluri Pneumonia

Death

Immediate

Heart Disease 93

Accident, Suicide, Homicide

Reported by

I. D. German I. D.

Address

Oakland 100 Garrett Co X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Accident

Norman Spiker

Died at Accident

County Garrett

CERTIFICATE OF DEATH

MARYLAND

Date of death 1903 Month April Day 10 Years 18 Months Days

Sex Male

Color or Race

white

Birth-place

Accident

Married, Single
or Widowed

Single

Occupation

Farmer

Name of Wife or Husband

John Spiker

Father's Birthplace

Accident

Mother's Maiden Name

Katil Beugly

Mother's Birthplace

Accident

Name of person giving information

John Shagner

How related to deceased

Cousin

CAUSES OF DEATH

Primary

Blow on head

How long

12 hours

Immediate

Contusion of brain

How long

17 hours

Are the name, age, sex, color, date and place correctly given above?

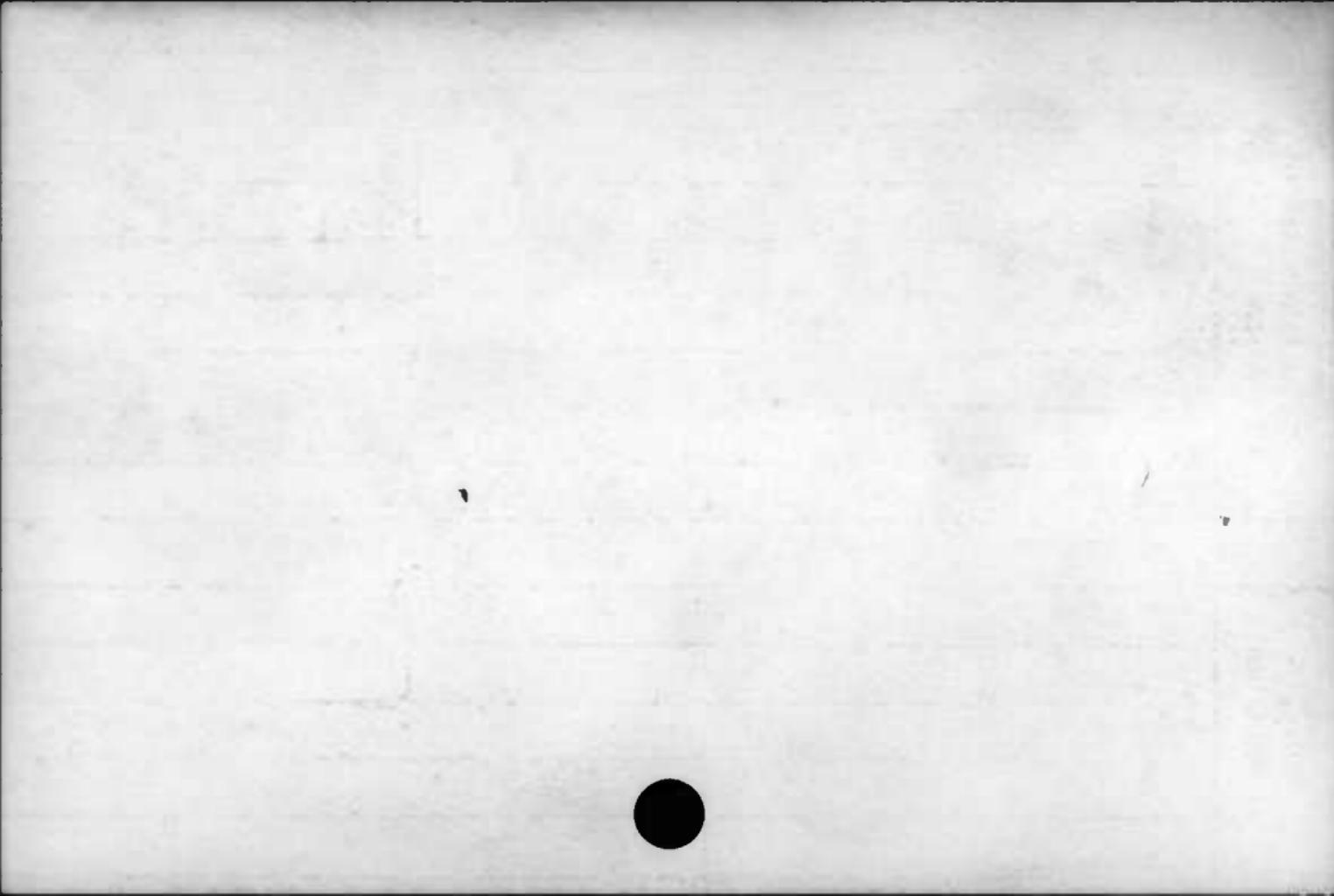
Signature of Physician

Address

R. A. Baugman
Accident

Yes

3rd



Name
in
Full

Brison Welch X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Friendsville</u>		Town <u>Friendsville</u>		County <u>Garrison</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>ctpr</u>	Day <u>4</u>	Age <u>36</u>	Years <u>36</u>	Months <u>2</u>	Days <u>16</u>	
Sex <u>Male</u>	Color or Race <u>white</u>					Birth-place <u>Maryland</u>	
Married, Single or Widowed <u>married</u>			Occupation <u>Farmer</u>				
Name of Wife or Husband <u>Corra. B. More</u>							
Father's Name <u>Wm Welch</u>				Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Margret Thomas</u>				Mother's Birthplace <u>Md</u>			
Name of person giving information <u>cord. B. More</u>	How related to deceased <u>wife</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>3 weeks</u>
Immediate <u>Peritonitis</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>A. J. Mason MD</u>
	Address <u>Friendsville Md</u>

Accident or suicide?

